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By-Schimel, John L.

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The gifted adolescent who presents himself for therapy is distinguished from other adolescents in at least two ways. His view of himself and the world is more abstract, and his identification in finding his place in a social continuum is more difficult. Yet, the gifted adolescent has much in common with all adolescents. The clinician, however, like the teacher, can distinguish these gifted individuals. The gifted are capable of more developed and skillful manipulations of the higher abstractive functions. Creativity is more likely to occur in the gifted. Since gifted adolescents tend to report in terms of high level abstractions and express many complex theories, it may take special effort to get data from them upon which new categories and theories can be developed. The therapist must: (1) be able to distinguish the thin line between the gifted schizophrenic and the non-schizophrenic, (2) be free to enter the realms of abstract thought, (3) be aware of the gifted's ego expressive functions and defensive functions, and (4) be able to meet the patient on his grounds. Accepting their superior abilities and the inferiority of others is helpful for the gifted, particularly in relating to others. (Author/KJ)

DILEMMAS OF THE GIFTED ADOLESCENT

John L. Schimel, M.D.

Presented at the William Alanson White Institute  
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The gifted adolescent who presents himself for therapy is distinguished from other adolescents in at least two ways. His view of himself and the world reflects his greater aptitude for and tendency toward the use of the higher, more abstractive operations of the mind. He has a special identification problem in finding his place in the social continuum in a society which does not regard differences between people with equanimity.

The gifted adolescent shares much with other adolescents, psychodynamics as well as the variations from the undefined and undefinable norms to which we defer by the use of our various diagnostic labels. In common with other adolescents he reveals himself to be in a state of flux with the repressed not as securely bound as it will most likely be later on. His unconscious processes are, by and large, more readily available than with the adult. Regression and growth have a more fluid relation to each other and are frequently expressed in the same behavior or in successive bits of behavior, closely proximating each other in chronological as well as developmental time. He is not therefore distinguishable from his fellows according to our usual psychiatric criteria.

The gifted adolescent may be distinguishable, however, by the clinician, as he may be by the teacher and some others. To some extent his differences are ineffable, as indeed some aspects of the clinician's response to the gifted may be. To the extent that existence itself and the occasional occurrence of an exceptional mind are mysteries, a clinical response that is admiring is appropriate, as it may be to a marvel of nature or a work of art. Since idolatry is not the function of the clinician however, we will pass on to a brief consideration of those functions of the mind, the cognitive, in which there are demonstrable differences between the gifted adolescent and his fellows.

Psychoanalysis has provided valuable insights into the effects of the emotional life of the individual on the workings of the mind. These latter, the so-called "logical processes" or cognitive faculties of the mind have been the subject of study for millenia. Adler,<sup>1</sup> Piaget,<sup>2</sup> Sullivan<sup>3</sup> and latter day learning theorists<sup>4,5</sup> have worked to correlate and integrate our understanding of these two aspects of mental life. The view that one aspect is deep and the other superficial is reductionistic and may deflect the attention of psychiatrists from important areas of clinical investigation.

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The capacity for the logical processes is innate. Its stages emerge serially as the individual matures. The extent of the possible development of skill in the cognitive processes is genetically determined but may be facilitated or diminished by the vicissitudes of individual experiences. A schema representing logical processes begins with an initial experience, sensory in nature, with the stimulus or referent either internal or external or both. This must be accompanied or followed by an act of recognition to become part of the logical processes and can occur either within awareness or not. In the latter case there may be interference by the dissociating processes of the self-system or by selective inattention. A special, important and not well understood situation is the fate of a sensory experience which does not fall within an already established frame of reference, as in the studies of Tauber and Green<sup>6</sup>. This is the mystery of the fate of prelogical or preverbal experience and may be related to certain adult phenomena, which arouse uncanny feelings in the individual such as *deja vu*. The act of recognition becomes closely related to the thought-processes, particularly language. To become part of the logical processes, emotions and other inner experiences, as well as objects and events in the external world, have to be learned in the sense of either correctly or incorrectly identifying them and placing them within a frame of reference. At the proper stage naming becomes important. Recognition and the possibility of description follow the initial experience.

Hilde Bruch<sup>7,8</sup> has pointed out that misidentifications of internal events on the recognition level can lead to serious psychopathology. The obese patient labels a variety of internal events, even fullness, as hunger. In therapy, the obese and the anorexic must learn certain matters on a level of recognition and description. The "confusion" caused by the double bind leads to similar phenomenon. The mother may label expressions of rejection and hostility as love. The problem here is not so simple as one of repressed hostility but the more serious one of mislabeled AND repressed hostility. You will recognize the foregoing considerations as not new but as a particular dimension of the same data which led to Freud's original formulations of the operations of suppression and repression. Sullivan's notion of the prototaxic and of the uncanny can fit into this schema as examples of reverberating sensory experiences without an act of recognition. It follows that Sullivan's concept of the parataxic distortion relates to misidentifications on the level of recognition and which necessarily involve the next cognitive stage, the process of categorization.

"This warm furry thing is Kitty" is a statement of recognition. Warm little Kitty is moreover a cat, a term that also includes a cold flat picture in a book. That the word "cat"

also includes a tiger roaring in his cage not only indicates the nature of categorization, but that this everyday phenomenon is a monumental achievement.<sup>9</sup> Without categorization there can be no true learning, insight or psychological therapy. Insight can be seen to be the patient's new categorization of previously unrelated data. "I see it now" can be an expression of categorization. It may be a recognition, a new categorization, that "I fear all women". This is not however very far from the child's mastery of the category of cats viz; all women are cats; all cats have claws; cats can scratch and maim; they can hurt; women hurt, all women hurt, castrate, etc.

Categorization may serve psychopathology in many respects. The lightening (lessening of anxiety) described by some paranoids occurs when they "realize" (a new categorization) that everyone is joined in a conspiracy against them. The formerly disquieting and disparate experiences are now seen to fall into one category with a concomitant feeling of relief. Even though from some points of view the patient is now sicker, from his own point of view he experiences a cognitive mastery of his environment -- even though in error.

One begins to see striking differences between this adolescent and that in their abilities to gain insight that are independent of, although influenced by, the level of anxiety and the type and seriousness of the psychopathology that is present. This can be discerned on the level of category formation. The more gifted adolescent often delights with his far-ranging and profound insights which may include many and diverse aspects of his existence by penetrating to the core of their essential sameness, their common denominator, which is the key operation of categorization. Others plod along, slowly building up this category or that, unable to make the flight that illuminates the sameness in diversity, which serves to make life more comprehensible and hence more manageable. Certain dynamisms such as the obsessive serve to dampen the above aspects of giftedness. The negativistic and the argumentative and other prideful experts of insignificant differences have lost a precious birthright.

The observation of differences is a more primitive capacity than the correlation of similarities and is probably related to survival mechanisms. Primitive man, the hunter, and creatures in the wild are necessarily excellent observers of differences since they may indicate peril. A slight variation in the pattern of light filtering through the leaves of a tree provide a clue to the lurking puma or boa. This is a far cry from Newton's falling apple and the comprehension of the movements of heavenly bodies.

Psychiatrists have long observed (and lamented) the fact that insight is not the same sharp tool for every person and that in some instances insight does not seem to help matters much if at all. The beginning psychiatrist, often a gifted young man, who may have been impressed by the meaningfulness and usefulness of insight in his own analysis is often dismayed to find insight much less than a sharp tool in the hands of certain patients. Defense mechanisms are known to play a role as well as the need for working through. Nevertheless other factors are involved. Insight can be conceptualized, as a paradigm, to be a situation in which a is seen to vary with b (a-b). "I see that because father is still the most wonderful man in the world to me, I cannot seriously consider marrying John" is an example. Patient and analyst may be pleased. The latter however may become dismayed if the "insight" does not illuminate and influence behavior, if it does not clarify the patient's awareness of self, her relationship to John, father, teacher, employer and others. The failure may be considered from a number of points of view. From the standpoint of category formation, there is a failure to identify the fact that: no man, including father, is to be taken seriously. The condition for constructive insight would then be established. A, our young woman varies with b, all men, including father, in the same manner. The category a (all men as insignificant) has not been clarified or restructured. And the attitude, the enduring feeling or mood in relation to a category, does not change. A comparison of her attitude toward father, characterized as "the most wonderful man in the world" and toward John, whom she "cannot seriously consider marrying", reveals only insignificant differences. The patient's linking of the two in a pseudo-causal relation can lead, predictably, to an obscuring rather than a clarification of the issues.

"When I came to see you I avoided all social activities. I was withdrawn, frightened and anxious. I'm not afraid anymore. I do everything. Now I see that I'm simply obnoxious". These were the statements of a gifted young woman who had seen in a flash that her withdrawn and frightened, selfdefeating behavior had been an appropriate reaction to hostile and demeaning parents. Now she was "free" to be like them, to live out shared attitudes toward categories shared with her parents. This is a regular finding in the psychoanalysis of withdrawn patients. Increasing freedom reveals category based behavior shared with parents and significant others, no matter how lamentable the patient may consider these activities to be.

Theorization and prediction follow close on the heels of categorization in the logical processes. Theorization goes beyond categorization by including unobserved data. A simple example would be that "all cats have claws". It is a theory because the child will not have seen "all cats". Theories are,

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for this reason, not facts. Theorization is, even at this simple level, subject to error: "My house cat has been declawed". A child (and some adults) may literally believe that "all cats are friendly--or unfriendly". This fundamental type of error is epitomized in the saying: "if one man kicks one dog, that dog knows that all men kick all dogs".

Prediction follows theorization, i.e. "the next cat I meet will have claws" or "the next man I meet will kick me". A theory can variously be defined as a statement that serves to explain, correlate or link in some way all the observable and available data and which can serve a predictive function. As one pursues the logical processes he gets further from the observable data; he is abstracting from many bits of data, forming categories and extending his abstractions to include unobserved data.

In the foregoing we have been doing what we have been describing and have been arriving at abstractions concerning one aspect of mental functioning. We theorize that these abstractions are pertinent to all manifestations of the mind. We theorize further that differences in the quality, the quantity, the facility and dexterity of these mental operations between one individual and another is observable.

There are other theories of mental functioning, such as psychodynamic theory, which can be utilized to explain and correlate psychological data and which can be used for prediction. In the category, which we may call "theories of mental functioning", we can place psychodynamic and cognitive theories along with other theories of human behavior derived by sociologists, anthropologists, theologians and others. We can make the error (that we try to correct in our patients) of throwing out one or the other since they may not quite fit. On the other hand we can work toward what some refer to as a "unified theory of human behavior".<sup>10</sup>

The logical processes go on whether or not the initial experience is correctly recognized, described and categorized, as in the "paranoid solution". The higher abstractive processes continue and may even occupy more, and in some instances, almost the entire attention of the individual. It is marked in the hysteric. The frigid and disappointed woman, for example, may nevertheless insist on offering transcendental theories on ideal sex or on the nature of love; she may even write a best selling guide to love.

The schizophrenic's ability to recognize internal and external sensory experiences has been grossly impaired. The logical processes have gone on however. He lives and speaks

within the metaphor. His solemn universals may be beautiful, cogent and true but not securely tied to his sensory experience. Internal inconsistencies regularly appear and represent failures in the logical process. His abstractive operations may be likened to a large balloon attached to earth by a slender thread or floating free and not attached at all. Much of the working through in psychotherapy is achieved by following the thread back to the source and illuminating the relation of the balloon to perception and vice versa.

There may be interferences at the higher levels of abstraction as well as at the primary ones. There are individuals whose perceptions are sharp and accurate but who are not facile in going on to the higher abstractive levels. These are the people who stay "close to the data". They do not jump to conclusions. They do not speculate. They play it safe. Categories and theories can be challenged and they regularly report fear of ridicule and humiliation in this regard. These patients frustrate therapists who experience unpleasant counter-transferences with them. They are seemingly forever on the verge of a great discovery (insight) but do not go on to the necessary processes of categorization and theory formation. Daydreams, fantasies, and night-dreams and extrapolations from them, all exercises in the higher abstractive functions, are rarely encountered and may fail to be fruitful with this kind of patient. The obsessive tends to stop with the process of description although his unconscious is loaded with hardened categories. The hysteric's categories are aligned to the subjective.

The gifted are capable of more developed and skillful manipulations of the higher abstractive functions. There is a push in this direction which may be particularly marked in the gifted adolescent. As with the computer, the mind's ability to handle and abstract from bits of information depends on the complexity of the mechanism. It has been suggested that creativity is the expression of an ability to synthesize aspects of experience in a way that reveals hitherto unrecognized relationships. In these terms, creativity is a product of the higher abstractive (cognitive) functions of the mind. It is not absolutely related to giftedness, but is related in a statistical manner, i.e., it is more likely to occur in the gifted. The parallel to the capacity for achieving effective insight is a close one.

Creativity is not a common occurrence. Educators cannot create "creative" writers in a course labeled (or mislabeled) "Creative Writing". Although we do not know how to produce creative people, the analyst can help the patient deal with those interferences with the higher abstractive processes which lead

to creativity. We are assuming of course that the organism tends to express its highest and most complex capacities and will do so if facilitated and fail if there are significant interferences.

Gifted adolescents tend to report in terms of high level abstractions. They express many theories which are on a high level of complexity and internal consistency. It may take a special effort to get experiential data from such adolescents so that psychiatrist and patient can build new categories and theories (develop insight) together. Some adolescents have retained a playful and relaxed attitude toward the complex interrelations of experiences. Others are desperate in their attempts to arrive at a complete comprehension of all the phenomena of their lives.

It may be difficult at first to distinguish the gifted adolescent who is schizophrenic from the one who is not. The distinction lies in how clear a line exists between the formulations of the higher faculties and the initial experiences. Success in therapy depends on this clarification process whether with the schizophrenic or non-schizophrenic.

The therapist who would deal successfully with the gifted must himself be familiar with and free to enter the realms of abstract thought, to operate and interpret "within the metaphor", as one author has put it.<sup>12</sup> Once there he must know his way, be able to resist the intoxication of the experience, to separate his own from his patient's flights and be able to find his way back (and to lead his patient) to terra firma. Psychotherapy itself is, among other things, an exercise in the communication of abstract thought.<sup>13</sup> It is unfortunate that "intellectualization" is generally looked at as a defense mechanism, leading to a dichotomy of intellect and emotion. One might note in passing that intellectualization by the patient is called a defense and by the analyst, an interpretation. There can be an excitement, even a passion associated with ideas. The world moves for the gifted with a new view of the universe and his place in it. An emotional contagion may subtend the communication of ideas and be fused or confused with the sexual.

The therapist of the gifted must be in touch with the foregoing circumstances, aware of their ego expressive functions as well as their defensive functions and be prepared to utilize them as an asset in therapy. Indeed many gifted adolescents appropriately tend toward the more abstract disciplines. An approach which regards certain emotions, love, hate and sex, as deep and real, and the zest and curiosity which may be

connected with the intellectual life, the higher abstractive functions, as superficial and defensive, is reductionistic. It may result in or confirm a state of hopelessness and resignation in the patient which may be appropriate to such a situation.

The therapist must be prepared to meet the patient on his own ground, in his own "language". In child psychiatry the therapist must learn such esoteric skills as the ability to communicate the notion of transference to a five year old in terms the latter can understand. It is equally true with the gifted adolescent whose productions tend to be in terms of theories concerning universals. The therapeutic goal is not to cure the gifted adolescent of the exercise of his higher faculties but to help him appreciate them more, and to help him see the connection between them and his inner and outer perceptions.<sup>14</sup> When the latter goals of the therapist are apprehended by the patient, the result is generally a firm, lasting and facilitating transference.

Rapid transitions occur in some gifted adolescents from "under-achiever" in school to "achiever" under such circumstances with a concurrent shift from a spirit of hopelessness to one of optimism. One need not apologize for such "transference cures". They set the stage for further therapy, aided by the augmented selfesteem experienced by the patient. Such rapid change is the rule rather than the exception in those cases in which therapy has been successful.

## II

### Other Related Considerations

Social categories tend to perplex the gifted adolescent and complicate the essential identification processes that are crucial during this period of development. The cliches that provide the categories and theories that men live by do not fit him: Success is not the fruit of hard work. Mother doesn't know best. All men are not created equal. (The "completely committed" to this credo or that are stupid or sick.) Teachers have little to teach. His superiors are inferior. He has been given reading readiness tests when he was already capable of higher mathematics. He is capable of solving his father's business problems although the latter

may be giving him lessons on "the meaning of a dollar".<sup>15</sup>

The gifted adolescent, however, often cannot know what he knows. He cannot until it is consensually validated, which is the great opportunity in therapy. He necessarily finds school work easy but feels he is a fraud since an easy success violates the cliché, the accepted categorization. Often enough he does little or nothing and comes to the psychiatrist as an underachiever.

Validation of the soundness of his conceptual capacities plays an important part in the overall treatment plan. The therapist is in a position to help the patient correct the pendulum swing from self-abnegation to omnipotence commonly found in this group. A matter of fact recognition that he is superior, that father is not and that peers or teachers are not, may take some of the heat out of these everyday observations which enter the awareness of the gifted but are opposed by so much and so many.

The gifted adolescent may have to learn the art of dissembling when dealing with his intellectual inferiors especially if the latter are in high places. More than other adolescents he may need to arm himself with some degree of cynicism in dealing with the adult or the youth establishment. The sigh of relief is audible in some when it is validated that they are superior and that most people are not and that there is no great issue involved in such recognitions and categorizations. Often they settle down and do their school or other work which is genuinely easy for them. Time opens up for other productive activities. Relations with parents and peers improve. Gratifications become available to them on the various levels of which they are capable.<sup>16</sup>

### III

#### Summary

The gifted adolescent is one who has a greater conceptual capacity which is reflected in his I.Q. score but is not identical with it. Difficulties arise out of interferences with any stage of the logical processes. A knowledge of these latter, as well as psychodynamics and personality development, are important in the therapy of the gifted. Cultural expectations may lead to an alienation of the gifted adolescent from self and others and lead to a loss of his rightful place in the social continuum.

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